MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7	/					
8		/				
9		/				
10		/				
11	/					
12		/				
13		/				
14		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48	/					
49		/				
50		/				
TOTAL IND.	8	←		←		←
TOTAL DEP.	42					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54		/				
55		/				
56		/				
57	/					
58		/				
59		/				
60		/				
61	/					
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82		/				
83		/				
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85		/				
86		/				
87	/					
88		/				
89		/				
90		/				
91		/				
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	7	←		←		←
TOTAL DEP.	34					
TOTAL CLAIMS	41					

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS